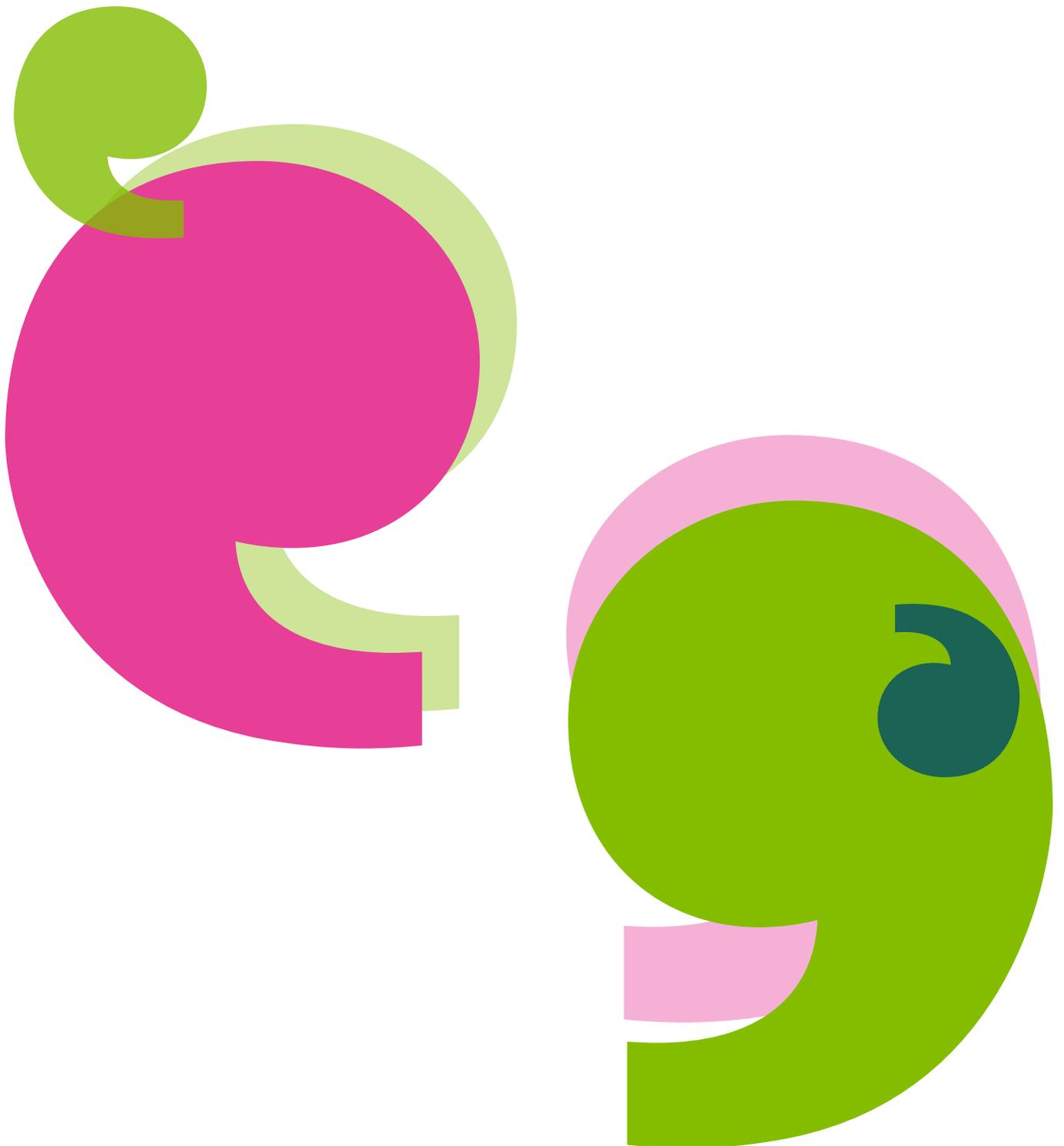




# ENTER AND VIEW REPORT: ASH COURT CARE CENTRE



#### Details of visit:

Service address	Ash Court Care Centre Ash Mews, Ascham Street, London, NW5 2PW
Service provider	Forest Healthcare
Date and time	Wednesday 19 October 2 - 4 pm
Authorised representatives	Victoria Armitage (Healthwatch Camden staff), Finola Geraghty (volunteer), Patricia McVay (volunteer).
Contact details	0844 472 5181
Service provided	60 bed nursing home for frail elderly residents. The council has a block contract for 24 beds. Camden CCG sponsors a number of residents. The home manages people with very high dependency levels and those with complex end of life care needs.

## 1 Purpose of visit

Our visit to Ash Court was conducted as part of a series of pre-arranged visits to residential care homes across Camden.

National charity, Independent Age, have been carrying out research looking at the things that older people and their families want to know when choosing a care home, as well as consulting care experts for their views on what are the most useful indicators of quality. They have developed a set of [10 Quality Indicators for care homes](#).

Independent Age intend to use these Quality Indicators to call for better reporting of key data by care homes. This will help older people and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes - something that is currently difficult to do.

We used these Quality Indicators to talk to staff, residents and family members in each of the older people's residential care homes in Camden to see how they met the 10 Quality Indicators and to test how easy it was to gather the relevant information during our visits.

We have created a report of each care home. Through this work we aim to:

- **Provide a different type of information**, based on personal testimony, to help fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.
- **Seek out and share best practice** and provide feedback to care home providers based on our observations.
- **Test both the content and practical application of the Independent Age 10 Quality Indicators** with a view to refining them for future wider use.

## 2 Key findings

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- We heard that the Registered Manager is actively involved in the daily workings of the home and is known and available to staff, family and relatives. Staff and family members made positive comments about the manager.
- People we spoke to agreed that the home has a stable workforce who are largely well trained. Although there does not appear to be a dangerous level of staff shortage, we heard that some family members had concerns about staff shortages, particularly at night. We heard that staff may not have the time to interact with residents on a personal level.
- The home is largely seen as being open to suggestions from residents and family and the home has regular residents' and relatives' meetings. However, it was not clear to us that all family and residents knew about the meetings or that the meetings were able to influence service provision much beyond decisions about personal care. We felt that there is scope for a wider ranging and more proactive approach to gathering and acting on feedback and suggestions from residents and relatives. Potential methods could include, discussion groups, committees, 1:1s, comments boxes and surveys.
- We had some concerns that residents are not engaged in activities that suit their tastes on a daily basis, particularly those residents with more complex needs. We would like to see a much fuller activities programme based on the tastes and preferences of residents and for each resident to have an individual activities care plan. We understand that the home is aiming to improve the activities regime.
- The home seems to have reasonable links to community groups, but could consider increasing regular contact with local community groups and schools.
- Systems to detect when residents need extra help seem to be working well, though it was not clear to us that all staff understood these systems. We would like to see the home ensure that all staff are aware of the process to report changes in residents' needs.
- We heard that residents have regular access to GPs, dentists and other healthcare professionals.
- We understand that the home is able to cater for the cultural needs of the residents and were given examples of how this is done.

## 3 Results of visit

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### Context of the visit

We visited Ash Court Care Centre on a Wednesday afternoon. Residents were either in their rooms or in common areas watching TV or sitting with relatives or staff. We spent about two hours at the service.

### A good care home should...

- 1. Have a registered manager in post. The registered manager is the most important staff member in a care home - and the one responsible for ensuring quality standards, and residents' needs, are met. They should be visible within the care home, provide good leadership to staff, have experience of working in care homes and qualifications to help them do their job.*

### At Ash Court.....

The **manager** told us that they are on site five days a week from Monday to Friday with some weekends.

Two **staff** members told us that the manager is “very approachable” and the manager provides “good support”. A third staff member said that they didn’t know what support they received, but may not have understood the question. All three staff members said that the manager was on site all day in the week, and one staff member said that the manager was always on the floor or in his office and had an “open door”. One staff member told us that the Deputy Manager is on site at weekends.

Three **family** members that we spoke to said that they knew the manager and two of them said he is “pretty easy” and “very easy” to get hold of; the third family member said he is a “good listener”. A fourth family member struggled to recall the manager as they only usually visit on weekends when the manager is usually

absent; they did say that they had been told that the manager is “very good” by another relative of the resident who visits very regularly.

Three residents that we spoke to said that they knew the manager and saw him a lot.

### Does Ash Court meet Independent Age’s indicator?



**Yes, fully.** Staff, family and relatives agreed that the manager is routinely present at the home and approachable.

- 2. Have a stable workforce. Care homes with knowledgeable, experienced staff who get to know residents can make the difference between an institution and a home. Where turnover of staff is very high, these qualities can be lost. It may also be a sign that staff are not happy working in the home.*

**At Ash Court.....**

The manager told us that Ash Court has a very stable work force.

Staff agreed that the workforce is stable and commented that some staff had been working at Ash Court for 8 - 10 years. Staff we spoke to had been working at Ash Court for seven months, one year and eight years.

Three family members agreed that staff turnover was low but that there are some new starters. One family member said that a few weeks ago there was a big change in staff but that they know staff by sight.

Three **residents** told us that they know the staff in the home and one said that they didn't, though they did appear to know the staff member helping them at the time of the conversation.

### Does Ash Court meet Independent Age's indicator?



**Yes, fully.** Most people we spoke to agreed that Ash Court has a stable workforce.

3. **With the skills to do their jobs.** *Well informed, skilled staff who are valued and developed as employees are vital to a smooth running care home. All care homes should have a clear, comprehensive training scheme to ensure staff have the knowledge they need.*

#### At Ash Court.....

The **manager** told us that staff receive care certificate training within one month of starting and that the training comprises 15 elements. Staff then receive regular training as required and special training sessions are set up based on staff feedback.

All **staff** we spoke to told us that they had received training and one staff member told us that they have regular training and named specific courses: manual handling, infection control and medication management.

One **family** member told us that when they visited a few weeks previously, at the time that new staff had started, their relative was "only dressed in a thin shirt and no socks". They said that the staff have the right skills and training "on the whole" and felt that their relative was in "safe hands". They told us that their relative who visits very regularly doesn't always trust that staff have helped the resident to eat and feels it necessary to come in to help the resident with meals. A second family member said they felt their relative was "in good hands" and they had "no

anxieties”. A third family member said they thought staff had the right skills and training and a fourth said that they were “efficient”.

All three residents we asked agreed that staff know how to care for people living in the home, with two saying that they “definitely know” and another resident saying they are “exceptionally good”. However one resident did then mention that they felt that staff asked “how are you?” but that they didn’t really care about the answer; they explained that their personal carer had taken three months to ask about the resident’s life history - but that after that point they began to speak more.

**Does Ash Court meet Independent Age’s indicator?**



**Yes, but...** Staff told us that they undergo full training and family members and residents largely agreed that staff were well trained and they had no safety concerns. One family member did raise some concerns about new staff and told us that one of their relatives had some worries about nutrition; a resident also made some mixed comments about the friendliness of staff.

- 4. **Have enough staff on duty during the day and night.** *Many homes have a lower proportion of staff on during the night, but if the ratio falls too low - at any time of day - response times can be too slow.*

**At Ash Court.....**

The manager told us that the resident to staff ration is 3:1 in the day time and 7:1 at night time.

One staff member told us that the resident to staff ratio is approximately 3:1 (including two nurses on each of the three units). We were told that in one unit the night time ratio is approximately 1:5 (including one nurse on each of the three

units) but were not given information about the other units at night. However the staff member did comment that sometimes they only had two nurses for the whole building. A third staff member said that the resident to staff ratio is approximately 4:1 in the day and 11: 1 at night - the staff member did not include nurses in the calculation.

One family member said that there are fewer staff on Sundays and there “seems to be a slight shortage” as residents’ buzzers can be sounding for a long time before being answered. They said their family member who visits regularly worries that staff don’t respond to the resident at night. A second family member said there was “sometimes” not enough staff on duty and third said that they had heard that staff members occasionally feel short staffed. A fourth family member thought that there are enough staff.

Residents agreed that staff come quickly when they need help.

Does Ash Court meet Independent Age’s indicator?



Yes, partly. The staff to resident ratio appears to be high but it is unclear the extent to which nurses are involved in the daily care of residents and how consistent their presence is. Some concerns were raised by family about possible staff shortages, particularly at night.

5. Be clear about how they will be able to meet your needs both now and in the future. *Many of us will develop more care needs as we get older - particularly, if we have a condition like dementia. It is vital that homes can spot changes to residents’ health and respond appropriately - consulting other health professionals where necessary - in order to provide the right level of care, and prevent you from having to move again.*

At Ash Court.....

The **manager** told us that residents’ nursing and care needs are reviewed regularly and that they also have multi-disciplinary meetings to review care.

One **staff** member told us that any physical changes are reported to the nurse who talks to the GP. They also said that each resident has a keyworker who looks out for changing needs and that all staff talk to the nurse about changes. One other staff member talked about the residents’ call bells and a third staff member said that they “wouldn’t report any changes” (however they may not have understood the question).

Three **family** members said that the home did notice when their relative’s needs changed - saying “every time” and “definitely”. A fourth said they were not sure if the home would notice a change but that their relative who visits regularly would pick any issue up anyway.

**Residents** agreed that staff notice or would notice if they start to need extra help - one resident commented that the staff are “very observant”.

### Does Ash Court meet Independent Age’s indicator?



**Yes, but...** People we spoke to agreed that the home take action in detecting the changing needs of residents, though some staff appear not to know the process.

- 6. Actively involve residents, family, friends and their local community in the life of the home.** *Homes should have a clear way for residents, relatives and friends to get involved in decision-making in the home, if they choose to, such as a Residents and Relatives Committee. Homes should not have set visiting hours, or any other arrangements that make them feel more like a hospital than a home. They should have good links with the local community, for example by arranging visits from local schools.*

## At Ash Court.....

The **manager** told us that Ash Court has regular residents' and relatives' meetings and that they have a "very open door policy" so that the manager is available to residents and relatives if they wish to see him. The manager told us that at the last residents' and relatives' meeting six weeks ago they gave the residents the chance to test the new menu and two of their suggestions had been adopted with further changes planned. The manager also told us that residents can choose the colour of the feature wall in their room when it is redecorated. The manager told us that in order to create a sense of community staff are advised to interact with residents by sharing details of their personal lives, for example, what they did at the weekend. The manager also told us that the home is involved with local churches and that last week local volunteers came to help escort some residents to a special service. The manager told us that schools come in to the home to sing at Christmas.

One **staff** member told us that there are regular meetings with residents and family and that the manager asks the families and residents for suggestions. The staff member gave an example of how residents had influenced services through tasting the new food menu and how one resident (with mobility problems but not dementia) visits the theatre. The second staff member said that friends and family are encouraged to become involved in the home and provided an example of how residents' families had put on entertainment. The third staff member couldn't think of any way in which residents and relatives had influenced the service.

One staff member said that there was a general sense of community among the staff and that there are activities like BBQs, bingo and church related activities in the home. A second staff member also mentioned activities as a way of creating a sense of community in the home and said that they try to create a sense of community by being "very welcoming" and that staff "play with residents and don't leave them on their own". A third said they "try to provide a pleasant atmosphere" and be "very kind".

We asked staff which community groups come in to the home and one staff member told us that some people used to come in and play games and do quizzes but that they hadn't seen them in a long time. Another staff member mentioned

the church services as did a third along with college students who come in to visit the residents and children who come in at Christmas to sing.

One **family** member said they could get involved in the way the home is run while another said they thought they could but hadn't so far. A third said that they can in terms of the personal care of their relative but would need to be more "aggressive" to get involved in a "bigger way". Three of the four family members couldn't think of a way in which the residents or family had influenced services and a fourth talked about the residents testing menus and suggesting activities.

One family member said that the home does "everything to create a sense of community" while another said that there is a communal area and group activities but "some of residents are in bed all the time. Some have no visitors and do not speak English." A third family member mentioned activities, the summer fair and sing songs.

One family member spoke about the priest visiting on Sundays and trips to the church and another mentioned a visiting nun. The third family member we asked said that they didn't know if any community groups visit the home.

One **resident** told us they are "quite happy to say anything". Two other residents agreed that they could make suggestions and were asked for their opinion, with one resident adding that they had requested their food to be made spicier. One resident said they thought of the place as home and another said that they didn't. One resident said that they sometimes see people from the community and the other resident said links with the community are "okay".

### Does Ash Court meet Independent Age's indicator?



**Yes, partly.** We were told that the home holds regular residents' and relatives' meetings but some family members we spoke to were unaware of this. We were largely supplied with examples of how residents and relatives had influenced

decisions around their personal care or choice of meal. The home has some links with local community groups.

- 7. Offer meaningful activity and enjoyment to suit all tastes.** *Care homes should not be boring places - they should offer an interesting range of activities and entertainment that match the tastes and preferences of their residents, including support for individual activity. Homes should take steps to stop residents from becoming isolated or lonely while respecting their privacy and choice.*

#### **At Ash Court.....**

The **manager** told us that activities take place on a Monday and a Thursday when two people come in and arrange activities such as arts and craft, board games, film club with ice-cream, bingo and gardening. The manager told us that residents “have as much say as they want” in which activities take place and that residents are generally fond of bingo and are often keen to play that above other activities. The manager also told us that the home had not had a lot of activities throughout the week but that this situation is improving and that residents had suggested additional activities. The manager told us there had been a fair and a BBQ and a visit to a jazz café planned for the following month and that one resident likes to go to the opera and had recently been and taken a staff member and a resident along. In addition a company visit the home on a regular basis to perform shows. The manager said that the staff communicate with residents directly to get them involved in decision making about which activities take place or via family if that isn’t possible.

**Staff** mentioned bingo, BBQs, the theatre group, quizzes, massage, looking at old photos, painting and music as activities which take place. One staff member said that activities happen every day while another said that two people come in “every week” and third staff member said that someone comes in on Fridays. One staff member told us that they try to involve all residents through having small activity groups playing games like bingo or dominos and that they have activity boxes to take to residents’ rooms. A second staff member said “it’s not hard” to get people involved in the activities as “they look forward to it” and that staff encourage residents who are in bed to come and join in.

The staff member said that residents had so far only suggested painting and bingo as activities. A third staff member said that residents have a say in activities when they meet in the lounge and that staff encourage residents to get involved.

Family members mentioned activities such as bingo, drawing, dance, singalongs and memory sessions, arts and crafts, BBQs and the summer party. One family member said that these happen a “few times a week”.

One family member said that residents can’t have a say in what activities take place as there is a timetable. Another family member said they “haven’t been asked and haven’t offered anything” in the way of suggestions for activities. A third family member said they were “unsure” if residents could suggest activities.

One resident we spoke to was watching TV and said that they didn’t like watching TV, had never done so at home, and didn’t want to get into the habit. They said that “there is nothing to do” but weren’t able to give any suggestions about activities they would like to take part in. They told us that they “read a bit” and enjoyed talking to people and have lots of visitors; they described the home as “a lonely place”. The resident added “it is very difficult to coordinate activities because everyone is interested in different things”. A second resident said they watch TV and talk to people and named some TV programmes they like to watch. Another resident said that they “love the garden” and in fine weather the resident goes out to the garden with the “activities ladies” who come on a Monday and a Thursday. The resident also goes out for tea or shopping with a friend but said that the home doesn’t plan any day trips. A fourth resident who was watching TV said that they “used to play”, they didn’t play bingo and didn’t have any suggestion about what activities should take place but said they did paint.

### Does Ash Court meet Independent Age’s indicator?



**Not clear.** Ash court runs activities though there were some small discrepancies between what we were told about the frequency of these activities. One family member raised concerns that some residents stay in bed all the time. Residents’

main activity seemed to be watching TV which was not to the taste of at least one resident. We felt that the home could be more proactive in finding out about residents' interests and in providing a fuller activities programme, particularly for less able residents. We understand that the home is looking to improve its activities programme.

- 8. Make sure that you can see a GP or other health professional like a dentist, optician or chiropodist, whenever you need to. You have the same rights to see a health professional promptly if you are living in a care home as you would if you were living in your own home. Ask the care home about the relationship they have with their local NHS services - does a GP visit regularly? Can they call a GP out in an emergency? How easy is it for residents to see a dentist, optician, chiropodist or physiotherapist, either for a check-up or in an emergency?**

**At Ash Court.....**

The **manager** told us that the GP comes in every Monday and that they have a multi-disciplinary meeting on a monthly basis with consultants, pharmacists, staff etc. The chiropodist comes in every 6-8 weeks and the optician comes to see new residents in their first three months and then annually.

**Staff** agreed that a GP comes every week and one staff member also mentioned that the chiropodist comes every three months while another staff member said that they take residents to the dentist.

**Family** members agreed that their residents see a GP regularly or that they had seen the GP visit the home. One relative commented that some medical appointments can take a while to organise - for example physiotherapy.

Two **residents** said they saw a GP and a third said they didn't but had a dental appointment coming up.

Does Ash Court meet Independent Age's indicator?



**Yes, fully.** Everyone we spoke to agreed that residents regularly see a GP and most people also mentioned other care providers such as dentists and chiropodists.

9. **Accommodate your cultural and lifestyle needs.** *Care homes should be set up to meet your cultural and lifestyle needs as well as your care needs, and shouldn't make you feel uncomfortable if you do things differently to other residents. They should also be proactive in finding out what your needs are, so they can accommodate them.*

**At Ash Court.....**

The **manager** told us that they can accommodate resident's religious needs and that the home has a lot of Catholic residents and two residents who go to the local Cypriot and Irish community centres.

One **staff** member said there is a meeting room for religious activity while another told us that a priest visits the home and other religious activities take place. A third staff member told us that the home supports religious and dietary needs.

One **family** member told us that some staff have the same mother tongue as their relative and another family member said that someone comes to give residents communion. Two other family members said their relative did not have any additional cultural or lifestyle needs.

One **resident** told us that the vicar comes in to see them and that they saw a Bishop a couple of weeks ago who was "very nice" but that they aren't Catholic. They said they also get help to do gardening. Another resident said they didn't need any additional help.

Does Ash Court meet Independent Age's indicator?



**Yes, fully.** We heard that Ash Court does cater for religious and other cultural needs.

10. **Show that they're always looking to improve.** *You should be able to find out what current residents, their families and friends think about the home. The care home should be happy to help you do this - for example, by putting you in touch with a residents and relatives group, or allowing you to speak to residents and visitors in private. They should also have support in place for people who wish to make a complaint at any time, and there should be a healthy culture of challenge and feedback between residents, relatives and staff.*

**At Ash Court.....**

The **manager** told us that Ash Court has regular residents' and relatives' meetings and has an "open door policy". The manager told us that if they get complaints then they either deal with them immediately if they are minor or investigate them fully and alert the CQC if they are more serious. The home can direct people to an advocacy services and advocacy for people without mental capacity.

The manager told us that when potential residents and their family visit the home they are encouraged to speak to staff and the home ask residents if it is okay to speak to them.

One **staff** member told us they would be "very happy" to receive suggestions from residents or relatives and a second said that they would alert their line manager if they received a suggestion. All staff said that they would alert their manager to a complaint with one staff member saying that they would write it down and ask the person what they wanted to change.

All staff said that potential residents and their families could speak to current residents and their families to find out about the service.

One **family** member said staff would be open to suggestions for improvements, “if you were diplomatic” but commented that they would be keen to keep relations friendly “for the sake of (their relative). One family member said staff were “very amenable” and had responded to their suggestions. A third family member said they thought staff would be open to suggestions. Family members agreed that there is a procedure or that they would be supported to make a complaint or they felt “comfortable” to make a complaint.

Two family members spoke to residents and their family before their relative moved in. A third said that they met the manager and had had a trial period.

One **resident** said the home was “excellent” and had no suggestions to improve it, while another said it was “the best care home” and that “people are busy but they always pop in and say ‘how are you?’” but added that they would like to go home. A third resident said they couldn’t think of any suggestions and that “staff are so good” and the home is “very clean”.

### Does Ash Court meet Independent Age’s indicator?



**Yes, but...** Staff told us that they would be happy to receive feedback and residents made very positive comments about the home. The home is open to potential residents and their family to visit and speak to current residents. However, we received mixed comments from family members, one of whom was not confident that suggestions would be taken well. We didn’t get a sense that there is a proactive drive to gather feedback from residents and family.

## 4 Service provider response

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### Healthwatch Camden recommendation:

We felt that there is scope for a wider ranging and more proactive approach to gathering and acting on feedback and suggestions from residents and relatives. Potential methods could include, discussion groups, committees, 1:1s, comments boxes and surveys.

### Ash Court Care Centre said:

*There are comment boxes and surveys already in existence and these are monitor regularly. The manager regularly meets with residents and their families whether these be 1-1 or in structured meetings which are advertised well in advance. At these meetings everyone gets to have an input into decisions or make suggestions about new developments within the home.*

### Healthwatch Camden recommendation:

We would like to see a much fuller activities programme based on the tastes and preferences of residents and for each resident to have an individual activities care plan.

### Ash Court Care Centre said:

*We have increased the amount of dedicated activity organiser hours within the home and introduced new person centred activities to the regime.*

### Healthwatch Camden recommendation:

We said that the home seems to have reasonable links to community groups, but could consider increasing regular contact with local community groups and schools.

### Ash Court Care Centre said:

*We have considered this and wherever possible have implemented, but not all community groups are open to the idea.*

### Healthwatch Camden recommendation:

We would like to see the home ensure that all staff are aware of the process to report changes in residents' needs.

Ash Court Care Centre said:

*Regular updates in training are carried out to ensure this happens. Handover from staff occur at the beginning of each shift.*

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## 5 Background

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### 5.1 What is enter and view?

Part of the local Healthwatch programme is to carry out enter and view visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

### 5.2 Strategic drivers

As part of our work, we aim to seek out the voices of those people who can be least heard: which includes people living in residential care homes. Many elderly people who are not able to live independently are residents of either nursing homes or residential care homes. In Camden there are currently seven residential care homes for older people. A total of approximately 400 people are resident in these homes. Residents of care homes are, almost by definition, seldom heard with little choice and control. They live in an environment that is often isolated from the wider community and any expression of their needs, wants, preferences and experience is likely to be mediated by a third party - whether care home staff or relatives. Local people have told Healthwatch Camden that they want us to do some work ensuring that the voices of people in residential care are heard.

### 5.3 Methodology

Two Healthwatch volunteer authorised representatives and one member of staff spoke to staff, residents and their relatives using a set of pre-prepared questions which follow the theme of the ten Quality Indicators drawn up by Independent Age (see "Purpose of visit"). The questions have been designed to draw out information

on the ten key topics and have been tailored according to the audience. We spoke to four members of staff including the Manager, four family members and four residents. Not all individuals were asked or responded to each question.

Authorised representatives made notes of their conversations. These notes form the basis of this report.

We agreed the visit with this service in advance and sent posters to be displayed to advertise our visit to residents, their relatives and staff. We understand that Ash Court did not receive the letter by post. Authorised representatives wore ID name badges and made sure to gain individuals' agreement before asking the questions and verbally explain the role of Healthwatch Camden and the purpose of the visit. We have discussed our findings with the provider and they have been given opportunity to add context to what was observed and contributed at the time.

## **5.4 Acknowledgements**

Healthwatch Camden would like to thank the service provider, service users, visitors, staff and volunteers for their contribution to the enter and view programme.

## **5.5 Disclaimer**

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.